

State of Utah  
Department of Natural Resources  
Division of Wildlife Resources  
**Falconry Annual Report**

Annual reports are due by January 31 of each year. Complete and return even if you do not have birds in your possession.

Please print legibly.

COR number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Current Designation: \_\_\_\_\_

Federal Permit Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Raptor address (if different than above): \_\_\_\_\_

At present, I have the following falconry raptor(s) in my possession. *(Include only your falconry birds. Birds for propagation and/or education will appear on a separate annual report.)*

	Species	Band Number
1.	_____	_____
2.	_____	_____
3.	_____	_____

Presently I am the sponsor for the following apprentices:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**General and Master class falconers, would you like to be a sponsor? If yes, please read and sign this statement:**

By signing below, I agree to have my name and home telephone number released as a potential sponsor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Change of address, phone number or location of the raptors in possession of the registrant must be reported, in writing, immediately to: Utah Division of Wildlife Resources, Attn Falconry, PO Box 146301, Salt Lake City, Utah 84114-6301.

**ANNUAL REPORT MUST BE SIGNED:** I certify that all statements on this form are true and correct. I understand that if I subscribe to any false statement on this annual report, I am subject to criminal prosecution.

Falconer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed form to: Division of Wildlife Resources, Attn: Falconry, PO Box 146301, Salt Lake City, UT 84114-6301

**For Office Use Only**

Date received at Office: \_\_\_\_\_ Regional Office \_\_\_\_\_ Received by: \_\_\_\_\_